

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S27173** (1)

1. Corporation Name

CINDY POLLACK, OTR, P.A.



Principal Place of Business

**9838 W SAMPLE RD
CORAL SPRINGS FL 33065
US**

Mailing Address

**9838 W SAMPLE RD
CORAL SPRINGS FL 33065
US**

3. Date Incorporated or Qualified
01/24/1991

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

21 **10371 W. Sample Rd.**

Suite, Apt. #, etc.

22 **Coral Springs, FL.**

City & State

23 **33065** **USA**

Zip Country

2a. Mailing Address

26 **10371 W. Sample Rd.**

Suite, Apt. #, etc.

27 **Coral Springs, FL.**

City & State

28 **33065** **USA**

Zip Country

4. FEI Number
65-0242353

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**POLLACK, MARC R.
1776 N PINE ISLAND RD
SUITE 208
PLANTATION FL 33322**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent, if applicable)

(Print Name of Registered Agent Signature Required when new state agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **POLLACK, CINDY**
STREET ADDRESS **11073 NW 17TH PL**
CITY-ST-ZIP **CORAL SPRINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP**
1.2 NAME **POLLACK, CINDY**
1.3 STREET ADDRESS **6356 N.W. 82nd Ave**
1.4 CITY-ST-ZIP **Parkland, FL 33067**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Cindy Pollack** **CINDY POLLACK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 **(305) 341-0090**

DATE DESIGNATION NUMBER

CR2E034 (12/95)